

**INDIANA EDUCATION EMPLOYMENT  
RELATIONS BOARD  
INDIANA GOVERNMENT CENTER NORTH  
100 NORTH SENATE AVENUE  
SUITE N-1049  
INDIANAPOLIS, INDIANA 46204-2220  
317-233-6620  
FAX 317-233-6632**

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**PETITION FOR UNIT CLARIFICATION OR UNIT AMENDMENT**

Type of Request: \_\_\_\_\_ Unit Clarification (change in existing position)  
\_\_\_\_\_ Unit Amendment (new position)

A. NAME OF PETITIONER\_\_\_\_\_

Address\_\_\_\_\_

Phone\_\_\_\_\_ Fax\_\_\_\_\_

Name of Representative\_\_\_\_\_

Title of Representative\_\_\_\_\_

Address of Representative\_\_\_\_\_

Phone\_\_\_\_\_ Fax\_\_\_\_\_

B. NAME OF SCHOOL EMPLOYER (if not the Petitioner )

Address\_\_\_\_\_

Phone\_\_\_\_\_ Fax\_\_\_\_\_

Superintendent\_\_\_\_\_

Name of Representative\_\_\_\_\_

Address of Representative\_\_\_\_\_

Phone\_\_\_\_\_ Fax\_\_\_\_\_

C. NAME OF SCHOOL EMPLOYEE ORGANIZATION (if not the Petitioner)\_\_\_\_\_

Address\_\_\_\_\_

Phone\_\_\_\_\_ Fax\_\_\_\_\_

President\_\_\_\_\_

Address\_\_\_\_\_

Phone\_\_\_\_\_ Fax\_\_\_\_\_

Name of Representative\_\_\_\_\_

Address of Representative\_\_\_\_\_

Phone\_\_\_\_\_ Fax\_\_\_\_\_

D. Approximate Number of Employees in the Bargaining Unit\_\_\_\_\_

Date of Certification or Recognition  
of School Employee Organization\_\_\_\_\_

E. Date of Last Unit Clarification or Amendment\_\_\_\_\_

F. Description of present bargaining unit: List the classifications  
or positions presently excluded from the unit. If necessary, use  
a separate sheet and attach to petition.

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

- G. If the petition is for unit clarification of the existing unit, list requested changes by classification or position and give specific reasons for requesting the position(s) or classification(s) be excluded from or added to the bargaining unit. If necessary, use a separate sheet and attach to the petition.

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- H. If the petition is for amendment to an existing unit, list requested additions or exclusions by classification or position and give specific reasons for the addition(s) or the exclusion(s). If necessary, use a separate sheet and attach to petition.

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The Petitioner asks that this request be fully investigated by the Indiana Education Employment Relations Board and a determination made pursuant to I.C. 20-7.5-1-1 et seq.

Petitioner certifies that this petition has been served on the respondents and all other known, interested parties.

Signature of Petitioner or Representative\_\_\_\_\_

Date Signed\_\_\_\_\_